Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		N089001	B. WING		12/0	6/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
BREWSTE	ER HEALTH CENTER	1001 SW 2 TOPEKA,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS		S 000			
	The following citation Licensure Resurvey.	s represent the findings of a				
S3299 SS=F	26-41-206 (e) (1) Fac	ility Food Storage	S3299			
33-1	<ul> <li>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.</li> <li>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.</li> </ul>					
	This REQUIREMENT by: K.A.R. 26-41-206(e)	is not met as evidenced				
	Based on observation	a census of 29 residents.  a and interview the facility a sanitary manner for 1 of 1 ey.				
	Findings included:					
	opened unsealed and patties, breaded stea fritters. The opened, not labeled or dated v orange vegetables we	kitchen on 12/4/13  I. revealed the freezer had dexposed breaded chicken k patties, and beef steak unsealed packages were when opened. A bag of the unlabeled and undated bood debris on the bottom.				
	cherry pie uncovered bottom of the cooler a cream cooler had mu cream and each cont	oler revealed slices of Three salads were on the and lacked a date. The ice litiple large containers of ice ainer had a lid on top that t entirely cover the ice				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Kansas Department on Aging
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 50.25 10.	-		
		N089001	B. WING		12/0	6/2013
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDR			TE, ZIP CODE		
BREWSTE	R HEALTH CENTER	1001 SW 29 TOPEKA, P				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
S3299	Continued From page	21	S3299			
	cream. At that time, or and securely covered	dietary staff dated the salads the ice cream pales.				
	Observation in the store room revealed a box with portion containers of jelly and had exposed jelly in the box.					
	staff DD observed the meat, closed each ba the boxes in the freez	imately 9:30 A.M. dietary e unsealed undated breaded g and placed each bag in er. He/she removed the box and disposed of the				
	The facility lacked a pstorage.	policy and procedure for food				
	The facility failed to simanner.	tore food in a sanitary				
S3305 SS=F	26-41-207 (a) (b) Infe	ction Control	S3305			
	living facility or reside ensure the provision of comfortable environm (b) Each administrato the development of professional professional health caprofessional health caprofess	or or operator shall ensure colicies and implementation ent the spread of infections. Cocedures shall include the second state of the pathogens; are that hand hygiene meets are standards; are that the laundering and diclean linens meet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N089001	B. WING		12/0	6/2013
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	ATE, ZIP CODE	12/0	0/2013
BREWSTE	ER HEALTH CENTER	1001 SW 29 TOPEKA, K				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S3305	lesions from coming in resident, any resident equipment until the confectious; (6) providing orientation employee in-service on the control of infection setting; and (7) transferring a residule disease to an appropriadministrator or operation.	nployee with a se or any infected skin n direct contact with any t's food, or resident care ondition is no longer  on to new employees and education at least annually ctions in a health care  dent with an infectious riate health care facility if the ator is unable to provide the necessary to protect the	S3305			
	This REQUIREMENT is not met as evidenced by: K.A.R.26-41-207(b)(4)  The facility identified a census of 29 residents. Based on observation, interview, and record review the facility failed to prepare food in a sanitary manner and failed to maintain a clean, sanitary environment in the kitchen.  Findings included:  On 12-4-13 at 9:15 A.M. during a tour of the kitchen, observation revealed the following:  Dietary staff prepared vegetables without a hair restraint on. Two other dietary staff had hairnets on but all their hair was unrestrained. Dietary staff DD had a hat on with hair around the hat unrestrained and lacked a hair restraint for his/her facial hair.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	Y
		N089001	B. WING		12/06/201	13
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE		
BREWSTI	ER HEALTH CENTER	1001 SW 2 TOPEKA,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COM	(X5) MPLETE DATE
S3305	Continued From page	÷ 3	S3305			
	by the sink with food scans were dirty and he them. The shelving be debris on both the top toaster was on the boon the top of it.  Record review of the documented staff cleacans on Thursdays, a Wednesdays.  On 12-4-13 at approximate staff DD stated staff swhile they prepared for the food debris on the refrigerator. He/she skitchen each day but have the cleaning schmonth. Dietary staff I a hairnet to put a hair should have hair restricted he/she seldom.  The 12-1-12 facility procedure the countertops, toast each meal or snack. To documented staff empthe trash containers a full.	rovided Neighborhood edule Policy and Procedure s responsible for checking				
	restraint.	onicy and procedure for nair				

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		N089001	B. WING		12/06/201:	3
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	-	
BREWSTE	R HEALTH CENTER		29TH ST			
			A, KS 66611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COM	X5) PLETE ATE
S3305	Continued From page	: 4	S3305			
		repare food in a sanitary maintain equipment in a er.				